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Unde	er the Paperwork	Reduction Act of 1	995, no pers	ons are require	d to respond to	a collection of info	mation unles	s it display:	s a valid OMB co	ntrol number.
	PATE	NT APPLICA	TION FE	RECORD	ŀ	799	Hiod or Docket Number			
		CLAIMS AS F		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY			
(Column 1) (Column 2)						•				
FOR NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE		
BASIC FEE (37 CFR 1.16(a))					<u>\$</u>	OR	<u> </u>	<u></u>		
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 =		·			O R	X \$=	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		s	minus 3 =		·	x \$=		OR	x \$=	
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+\$=		OR	+\$=	
		-		TOTAL		OR	TOTAL			
• If th		dumn 1 is less than			-			_		
	CL	AIMS AS AME	NDED -	PART II				OR	OTHE	R THAN
1 8	1202	(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	J		ENTITY
<u></u>		CLAIMS REMAINING AFTER	f	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE
AMENDMENT	Total (37 CFR 1.16(c))	· 46	Minus	1/2	= 4	x \$=		OR	x s <u> 18</u> =	12.00
	Independent (37 CFR 1.16(b))	.70	Minus	5	2	x \$=		OR	× \$ <u>84</u> =	168.00
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (37 CFR 1.16(d))					+s=	l	OR	+ \$=	
-	FIRST PRESERVATION OF MOETING DECEMBER 2011					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	240.00
11	1 14 60				(Column 3)	7,000		_		
10	(707)2	(Column 1) CLAIMS REMAINING AFTER		(Column 2) HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RĄTE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total	AMENDMENT	Minus	PAID FOR		 	1-100	١	x s=	
No	Total (37 CFR 1.16(d))	46		<u>46</u>	=	X \$=	+-+	→ OR		1-1-
I I	(37 CFR 1.16(b))	17	Minus	_1		X \$=	+ +	- °R	× \$=	1-1-
₽	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$=	1-1-	OR	+ \$=	
1					TOTAL ADD'L FEE		OR	ADO'L FEE	L	
		(Column 1)		(Calumn 2)	(Column 3)			_		
15	;	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
I N II N	Total	AMENDMENT	Minus	"4/2	= .	x s		OR	x s	-
	(37 CFR 1.16(d))	 	Minus		=	× \$		OR	x \$	<u> </u>
MCNAMA	(37 CFR 1.16(b))		L DESCRIP	ENT CLAIM (27	CER 1 16/di)	1		OR	+ \$	=
	FIRST PRESE	NTATION OF MULTIP	LE DEPEND	ENI CLAIM (3/	G R T. TO(U)	TOTAL	-	OF	TOTAL	-
Į.						ADD'L FE			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/06 (08-03)
Approved for use through 7/31/2006, OMB 0651-0032
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PATEN	T APPLICATION	FEE DETERM te for Form PTO-6	NOTIANIN	RECORD		09/	353	583
(CLAIMS AS FILED - (Column 1)	- PART I (Colum	SMALL ENTITY		OR F	OTHER THAN SMALL ENTITY		
FOR	NUMBER FILED	NUMBER	NUMBER EXTRA		FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))					<u> </u>	OR		<u>:</u>
TOTAL CLAIMS (37 CFR 1.16(c))	4 minus 20	e •		X \$=		OR	x \$=	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	5 minus 3	minus 3 =		x s=		OR	x s=	
MULTIPLE DEPENDENT	+\$=		OR	+ \$=				
* If the difference in colu	- :: 	TOTAL		OR	TOTAL			
								ŀ
CLA	IMS AS AMENDED			SMALL	ENTITY	OR		THAN ENTITY
65-00	(Column 1) CLAIMS REMAINING	(Column 2) HIGHEST NUMBER PREVIOUSLY	(Column 3) PRESENT EXTRA	RATE	ADDI- TIONAL	.	RATE	ADDI- TIONAL
	AFTER AMENDMENT Minus	PAID FOR	= 1		FEE		x :18 =	18.00
Total (37 CFR 1.16(d)	Minus	41		X \$=		OR		(0.00
Z Independent (37 CFR 1.16(b))	5	5		X \$=		OR		
FIRST PRESENTAL	TION OF MULTIPLE DEPEN	DENT CLAIM (37 CFT	R 1.16(d))	+ \$=		OR	+ \$= TOTAL	100
				ADD'L FEE	L	OR	ADD'L FEE	18.00
5-14-01	(Column 1)	(Column 2)	(Column 3)		1	٦		1
느	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FIEE		RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(4))	· 42 Minus		.=	x \$=		OR	x \$=	1
Z Independent	. 5 Minus	1.5		x s=		OR	x \$=	
\ \	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					OR	+ 5=	
				TOTAL ADD'L FEE	\ \ \ \ .	OR	TOTAL ADO'L FEE	
1-15-02	(Column 1)	(Column 2)	(Column 3)			_		
1	CLAIMS REMAINING AFTER	HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Z U Total	AMENDMENT Minu	- 4 /	=	× \$=		OR	x \$=	1-1-
(37 CFR 1.16(d)) OAR (1.16(d))	· 5 Minu	15 "5	-	x \$=		OR	x \$=	
EIDEX DOCCENT	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					OR	+ 5	=
FIRST PRESENT	ATION OF MOUTHER DEFE			TOTAL ADD'L FEE	17	OR	TOTAL ADD'L FEE	: L
If the entry in or	olumn 1 is less than the	entry in column 2, w	nite "0" in colum					-

^{**} If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

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